

National Park Service
George Washington Memorial Parkway
Application for Special Use Permit

Please supply the information requested below. **Attach additional sheets, if necessary, to provide required information.** Allow at least four (4) business days for processing. A non-refundable processing fee may be required to accompany this application unless the requested use is an exercise of a First Amendment right. You will be notified of the disposition of the application and the necessary steps to secure your final permit. (Note: there may be additional fees charged, and you **may** be required to provide proof of liability insurance.)

Applicant Name:	Organization Name:
Social Security #:	Tax ID #
Street/Address:	Street/Address:
City/State/Zip Code:	City/State/Zip Code:
Telephone #:	Telephone #:
Cell phone #:	Cell phone #:
Fax #:	Fax#:

Description of Proposed Activity (attach diagram):

Requested Location: _____

Date (s): _____

Event set up will begin	Event will begin	Event will end	Removal will be done:

Maximum Number of Participants _____ (Please provide best estimate)

Maximum Number of Vehicles _____ (attach parking plan)

Support Equipment (list all equipment) _____

Support Personnel (contractors, etc. including addresses and telephones) _____

Individual in charge of event on site (include address, telephone and cell phone numbers): _____

Is this an exercise of First Amendment Rights?	Y	N
Are you familiar with/ have you visited the requested area?	Y	N
Do you plan to advertise or issue a press release?	Y	N
Will you distribute printed material?	Y	N
Is there any reason to believe there will be attempts to disrupt, protest or prevent your event?(if yes explain on separate sheet)	Y	N

The applicant by his or her signature certifies that all the information given is complete and correct, and that no false or misleading information or false statements have been given.

Signature _____ Date _____

Information provided will be used to determine whether a permit will be issued.

Note that this is an application only, and does not serve as permission to conduct a filming project or any other use of the park. If your request is approved, a permit containing applicable conditions and regulations will be sent to the person designated on the application. The permit must be signed and returned to the park prior to the event.

PLEASE RETURN THIS APPLICATION TO:

National Park Service
George Washington Memorial Parkway
Turkey Run Park
McLean, VA 22101
ATTN: Debra Deas, Special Use Permits

Phone: 703-289-2513
FAX: 703-289-2598

Paperwork Reduction Act Statement: This information is being collected to allow the park manager to make a value judgment on whether or not to allow the requested use. All the applicable parts of the form must be completed. A Federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

Estimated Burden Statement: Public reporting burden for this form is estimated to average 30 minutes per response including the time it takes to read, gather and maintain data, review instructions and complete the form. Direct comments regarding this burden estimate or any aspects of this form to the National Park Service, Special Park Uses Program Manager, 1849 C Street NW (2460), Washington, D.C. 20240